

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MAR 28 2008

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



	Application Number	10/534,949
	Confirmation Number	
	Filing Date	with an effective filing date of November 13, 2003
	First Named Inventor	George MAURO
	Group Art Unit	3731
	Examiner Name	Ghassem Alie Fax: (571) 273-8300
Total No. of Pages in this Submission: 8	Attorney Docket Number	NATAPE P16BUSB2

ENCLOSURES (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form - 1pg.
(in Duplicate) | <input type="checkbox"/> Assignment papers
<i>(for an Application)</i> | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee attached - Check \$230.00 | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Response - 3 pgs. | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group
<i>(Appeal Notice, Brief, Reply Brief)</i> |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69)
and Accompanying Petition
<i>(DELETED - no longer useful)</i> | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> To Convert a Provisional Petition | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request - 1 pg.
(in Duplicate) | <input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address | <input type="checkbox"/> Additional Enclosure(s)
<i>(please identify below):</i> |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Postcard |
| <input type="checkbox"/> Information Disclosure Stmt | <input type="checkbox"/> Small Entity Statement | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Part/s Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	March 26, 2008	

CERTIFICATE OF MAILING

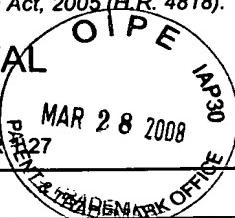
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 26, 2008.

Signature		Date: March 26, 2008 (aag)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2008** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT: **\$230.00****Complete if Known**Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit10/534,949
with an effective filing date of
November 13, 2003
George MAURO
Ghassem Alie
3731

Attorney Docket No.

NATAPE P16BUSB2

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

210	105
370	185

Multiple dependent claims

Total Claims -20 or HP =	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)

$$\text{Indep. Claims} - 3 \text{ or HP} + \frac{\text{Extra Claims}}{3} \times \text{Fee ($)} = \text{Fee Paid ($)}$$

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

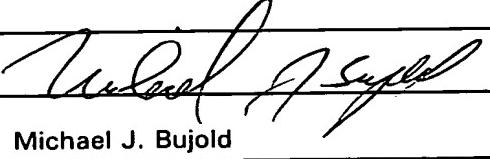
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 =	Extra Sheets / 50 =	No. of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$)	Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Two Month Extension of Term \$230.00**SUBMITTED BY**

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: March 26, 2008